MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Md)

CERTIFICATE OF DEATH

08067

Reg. Diat. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
None
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME Dennis Biser

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lucinda S. Biser

6.(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) August 6, 1860

8. AGE: Years	Months	Days	If less than one day
85	0	0	....hrs. ....min.

9. Birthplace Keyser, Mineral Co. W Va (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business (Retired)

FATHER
12. Name Daniel Biser
13. Birthplace Keyser, W. Va.

MOTHER
14. Maiden name Louise Davis
15. Birthplace Keyser, W.Va.

16. Informant Elza Biser
Address Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 8, 1945. (month) (day) (year)
Cemetery or crematory ##### Eglon Community
Location Eglon, W. Va.

18. Funeral director Perkins & Wakefield
Address Terra Alta, W.Va.

19. 8-7-1945 (Date rec'd by registrar) John A. Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1945 at 12:10 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 8 1945, to August 6, 1945
and that I last saw him alive on July 21 1945

Immediate cause of death	DURATION
Coronary occlusion	2 days
Due to Arteriosclerosis of marked degree	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harold C. Miller M.D.
M. D. or other
Address Eglon, W. Va. Date signed 8-6-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (302)

CERTIFICATE OF DEATH

08668

★ Reg. Dist. No. 172

1. PLACE OF DEATH:

County: Garrett

City or town: Rural - Gorman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs.

Hospital, institution, or street address where death occurred: Oak Grove - 1½ Mi. from Gorman

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Garrett

City or town: Rural - Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Oak Grove

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: James Bernard Cox

3.(b) Social Security Number: 220-03-7207

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna Elizabeth (McRobie) Cox

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Feb. 23, 1878

8. AGE:

Years	Months	Days	If less than one day
67	6	8	...hrs. ...min.

9. Birthplace: Martinsburg, W. Va. (Town, county and state)

10. Usual occupation: Farmer & Coal miner

11. Industry or business: own farm

FATHER 12. Name: James Edward Cox

FATHER 13. Birthplace: Ireland

MOTHER 14. Maiden name: Margaret Matilda Murray

MOTHER 15. Birthplace: Martinsburg, W. Va

16. Informant: Mrs. J. B. Cox

Address: R#1, Gormania, W. Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 3, 1945 (month) (day) (year)

Cemetery or crematory: Mrs. Elliott Harvey Cemetery

Location: near Gorman, Garrett Co. Md.

18. Funeral director: Otha F. Sharpless

Address: Blaine, W. Va

19. Sept 2 1945 (Date rec'd by registrar) C. W. Barnick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 31 1945, at 7:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June, 1945 to August 29 1945

and that I last saw h.i.m. alive on August 29 1945

Immediate cause of death: Cardiac Failure (Left sided) — DURATION

Due to: Generalized Anasarca

Due to: Chronic Passive Congestion — 6 mo.

Due to: Luetic Heart Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. P. Jamison M.D. M. D. or other

Address: Oakland Md Route 2 Date signed: 9/3/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

08069

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Deep Creek Lake
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Allegany

City or town: Frostburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. 96 Mechanic (If rural, give LOCATION)

2.(a) If veteren, name war: ✓

3. (a) FULL NAME: Homer Roger Jackson

3. (b) Social Security Number: 215-14-6459

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

8.(b) Name of husband or wife: Eleanor Jackson

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): Mar. 20 - 1921

8. AGE: Years	Months	Days	If less than one day
24	4	8	..... hrs. ..... min.

9. Birthplace: Meyersdale Somerset Pa
(Town, county, and state)

10. Usual occupation: Shell Tester

11. Industry or business: Allegany Ballistic Plant

FATHER 12. Name: Wm. Jackson

13. Birthplace: Lonaconing, Md.

MOTHER 14. Maiden name: Blanch Shoemaker

15. Birthplace: Meyersdale, Pa.

16. Informant: Wm. Jackson

Address: Frostburg, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 13-1945 (month) (day) (year)

Cemetery or ~~crematory~~: Allegany

Location: Frostburg, Md.

18. Funeral director: J. F. Lilly

Address: Frostburg, Md.

19. 8-12-1945 (Date rec'd by registrar) Julia Rowan Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1945 about 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Examined after death 19...

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Accidental Drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of .....

Where did injury occur? Deep Creek Lake (City or town) Garrett (County) Md (State)

Injured at home, farm, industry, public place (where?): Lake

Means of injury: Drowning Injured at work? No

23. SIGNATURE: Ed Bannister M.D. Deputy Med. Examiner
M. D. or other

Address: Oakland Md Date signed: 8/11/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

IHVS-5P—650M—3-40

Primary Dist. No. .....

COMMONWEALTH OF ~~PENNSYLVANIA~~ Maryland
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS (83a)

File No. (64) 21

Registered No. 161

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING — WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated EXACTLY. Exact Statement of OCCUPATION is very important. See Instructions on back of certificate.

N. B.—Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) County Garrett
(b) City or borough or township Friendsville
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution .....
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Garrett
(c) City or town Friendsville (If outside city or town limits, write RURAL)
(d) Street No. ..... (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) **FULL NAME** Martha Salina Knapp

3. (b) If U. S. Veteran, complete reverse side of certificate

3 (c) Social Security No. .....

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6 (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Apr 6 (Month) 1863 (Day) (Year)

8. **AGE:** Years 82 | Months 8 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (City, town, or county) (State or foreign country)

10. Usual occupation Farm wife

11. Industry or business .....

MOTHER FATHER

12. Name George Franz Lowdermilk

13. Birthplace Md (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Frazee

15. Birthplace Md (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clyde Knapp

(b) Address .....

17 (a) ..... (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Addison Pa

18. (a) Signature of funeral director W. H. Savage

(b) Address Friendsville Md

19 (a) Sept 2 1945 (Date received local registrar) (b) Ira Rush (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 30
year 1945 hour 2 P.M minute .....

21. I hereby certify that I attended the deceased from did not attend to ....., 19..; that I last saw her alive on Aug 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	DURATION
Hemiplegia (R)	4 days
Due to Cerebral Hemorrhage	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) (Probably) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature H. B. Mennmore (M. D. or ~~other~~)
Address Addison Pa Date signed 8-31-45

Did the deceased have Military or Naval service during any war in which the armed forces of the United States were engaged? YES or NO. ..... If such service was rendered, furnish the following information:

Branch of service. ARMY ..... NAVY ..... MARINE CORPS ..... NURSE CORPS .....

Name of War ..... Serial Number on discharge .....

Organization and rank at discharge .....

.....

Enlisted ..... Discharged .....

Serial Number on adjusted compensation certificate .....

Character of Discharge ..... Wounded in action? YES or NO .....

Number of months overseas .....

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

★ | Reg. Dist. No. 8071 166

1. PLACE OF DEATH:
County: Garrett
City or town: ~~Crellin, Md.~~ Swanton MD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Crellin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Henry Ervine Joshua Lipscomb.

3. (b) Social Security Number: 217-14-4040

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 17th 1916.

8. AGE: Years	Months	Days	If less than one day
29	1	26	..... hrs. ..... min.

9. Birthplace: West Virginia. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Daniel Lipscomb.
13. Birthplace: West Virginia.

MOTHER
14. Maiden name: Maud Moats.
15. Birthplace: West Virginia.

16. Informant: Cecil Moats.
Address: Crellin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 15th/45 (month) (day) (year)
Cemetery or crematory: Family Cemetery
Location: Crellin Md.

18. Funeral director: Emory D. Bolden
Address: Oakland, Md.

19. 8-14-45 (Date rec'd by registrar) Julia Rowan Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 12, 1945 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 12th 1945 to August 12th 1945
and that I last saw h... alive on ..... 19...

Immediate cause of death: Accidental Drowning — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8/12/45
Where did injury occur? Near Swanton (City or town) Garrett (County) Md. (State)
Injured at home, farm, industry, public place (where?): Lake
Means of injury: Drowning Injured at work? No

23. SIGNATURE: E. J. Baumgartner M.D. Chairman Garrett Co. Health Dept. Med. Examiner
M. D. or other
Address: Oakland Md. Date signed: 8/13/45

(M) (1) (F)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

08072

CERTIFICATE OF DEATH

★ Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Swanton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Swanton, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John William Mason.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Mollie Mason. 6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) February 28th, 1873.

8. AGE: Years	Months	Days	If less than one day
72	5	24	....hrs. ....min.

9. Birthplace Swanton, Md. (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Buckner Mason.
13. Birthplace Sang Run, Md.

MOTHER 14. Maiden name Clara Wilburn.
15. Birthplace Flatwoods, Maryland.

16. Informant Mrs. Mollie Mason.
Address Swantom, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 24/45 (month) (day) (year)
Cemetery or crematory North Glade Cemetery.
Location Swanton, Maryland.

18. Funeral director Emroy D. Baldes,
Address Oakland, Md.

19. 8-22-45 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21st, 1945 19.... at 6:30P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8-21-45 to 8-21-45 19.... and that I last saw h... alive on 8-1-45 19....

	DURATION.
Immediate cause of death Sarcoma of Intestines	6 months
Due to	
Due to	
Other conditions Enlarged Prostate and Chronic Cystitis	6 months

(Incinde pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edward E. Boyd M.D. M. D. or other
Address Oakland, Maryland Date signed 8-22-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

08073

Reg. Dist. No. 172

1. PLACE OF DEATH:
County: Garrett
City or town: Rural- Swanton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 46 yrs.
Hospital, institution, or street address where death occurred: North Glade
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Rural- Swanton
(If outside city or town limits, write RURAL and give nearest town)
Street No.: North Glade
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Annie Amelia Mellinger

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Peter Franklin Mellinger
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 27, 1872

8. AGE:

Years	Months	Days	If less than one day
73	0	7	hrs. min.

9. Birthplace: Confluence, Penna (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: Own Home
12. FATHER — Name: Charles Nolte
13. FATHER — Birthplace: Germany
14. MOTHER — Maiden name: Barbara Ellen Bittinger
15. MOTHER — Birthplace: Garrett Co., Md.
16. Informant: Mrs. Margaret Johnston
Address: R# 2, Swanton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 5 1945 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: North Glade, Garrett Co., Md.
18. Funeral director: Otho F. Sharpless
Address: Blaine, W. Va.
19. 8/5 (Date rec'd by registrar) H.S. A.W. Barnard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 3 1945, at 8:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 45 to Aug 3rd 1945
and that I last saw her alive on July 29 1945

Immediate cause of death	DURATION
Cardio Renal disease	2 mo
Due to: Myocardial Degeneration	4 yr.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James H. Blair M.D.
M. D. or other
Address: Swanton Md. Date signed: 8/4/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

18074 ★ Reg. Dist. No. 166

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Garrett
City or town: Mt. Lake Park,
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 18 Months
Hospital, institution, or street address where death occurred: -----
How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. -----
(If rural, give LOCATION)
2.(a) If veteran, name war -----

3. (a) FULL NAME: Willie O. U. Paugh

3. (b) Social Security Number: -------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Nellie Schooley Paugh
6.(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): April 16, 1882

8. AGE: Years	Months	Days	If less than one day
63	4	12	....hrs. ....min.

9. Birthplace: Garrett Co., Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Retired

FATHER
12. Name: Columbus Paugh
13. Birthplace: Garrett Co., Md.

MOTHER
14. Maiden name: Mary L. Moon
15. Birthplace: Garrett Co., Md.

16. Informant: Mrs. Nellie Paugh
Address: Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/30/45 (month) (day) (year)
Cemetery or crematory: Oakland Cemetery
Location: Oakland, Md.

18. Funeral director: Herbert C. Leighton
Address: Oakland, Md.

19. 8/29/45 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28, 1945 at 4:40A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-4-45 to 8-28-45 19..., and that I last saw h... alive on 8-28-45 19...

Immediate cause of death	DURATION
Hyper yension and Arteriosclercsis	5 yrs
Due to: Heart Attack	3 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Edward L. Bothard M. D. or other
Address: Oakland, Md. Date signed 8/30/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

*1:8675

Reg. Dist. No. 172

1. PLACE OF DEATH:

County: Garrett

City or town: Rural - Swanton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs.

Hospital, institution, or street address where death occurred: Walnut Bottom R# 3

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Rural - Swanton

(If outside city or town limits, write RURAL and give nearest town)

Street No. R# 3, Walnut Bottom

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Jesse Francis Sharpless

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Blanche Catherine (Tasker) Sharpless 6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Oct. 30 1873

8. AGE: Years: 71 Months: 9 Days: 11 If less than one day: ____ hrs. ____ min.

9. Birthplace: Garrett Co, Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER — 12. Name: John Sharpless

FATHER — 13. Birthplace: Elk Garden, W. Va.

MOTHER — 14. Maiden name: Lucinda Davis

MOTHER — 15. Birthplace: Garrett Co. Md.

16. Informant: Mrs. Jesse Sharpless

Address: R# 3, Swanton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 14 1945 (month) (day) (year)

Cemetery or crematory: Sharpless Cemetery

Location: Mt. Zion, Garrett Co. Md

18. Funeral director: Otho F. Sharpless

Address: Blaine, W. Va.

19. Aug 14 1945 (Date rec'd by registrar) A. M. Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 11 1945, at 10:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1945, to Aug 11 1945 and that I last saw h... alive on Aug 11 1945

Immediate cause of death	DURATION
Acute Myocarditis	
Due to: Auricular Fibrillation	
Due to: Hypertension	
Other conditions: Cerebral Hemmorhage	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Ralph Calendrella M.D. M. D. or other

Address: Keyser, W. Va. Date signed: Aug 14 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

18175

★ Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 month
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State West Va. County
City or town Thomas, W. Va.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charley Felix Strauss.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6.(b) Name of husband or wife: Ann Strauss.
6.(c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.): February 28th, 1885

8. AGE: Years	Months	Days	If less than one day
60	6	9	hrs. min.

9. Birthplace: Mariyanpole, Lithnania. (Town, county, and state)
10. Usual occupation: Coal Mining
11. Industry or business

FATHER
12. Name: Charley Strauss.
13. Birthplace: Mariyanpole, Lithnania.

MOTHER
14. Maiden name: Ann Gilmore.
15. Birthplace: Mariyanpole, Lithnania.

16. Informant: Charley F. Strauss.
Address: Port Theme, California.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 25/45 (month) (day) (year)
Cemetery or crematory: Lutheran Cemetery.
Location: Accident, Maryland.

18. Funeral director: Emroy D. Bolden.
Address: Oakland, Maryland.

19. 8-24-1945 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 19th 1945, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19.... to ..... 19.....
and that I last saw him alive on Dead Aug. 19 1945
Immediate cause of death: Heart Attack

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: M. C. Hershberger M. D. or other
Address: Oakland Md. Date signed 8/29/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15